

**PROBATE COURT OF HAMILTON COUNTY, OHIO**  
**RALPH WINKLER, JUDGE**

**TRUST OF** \_\_\_\_\_  
**FOR THE BENEFIT OF** \_\_\_\_\_  
**CASE NO.** \_\_\_\_\_

**MOTION TO TERMINATE TESTAMENTARY TRUST**  
[R.C. 2109.62]

The undersigned Trustee moves the Court for an order terminating the testamentary trust in this matter pursuant to R.C. 2109.62. A copy of the Decedent's Will, establishing the trust agreement is attached to this Application. The Trustee states that all the following conditions apply which permit the Court to terminate the Trust:

1. It is no longer economically feasible to continue the trust.
2. The termination of the trust is for the benefit of the beneficiary or beneficiaries.
3. The termination of the trust is equitable and practical.
4. The current value of the trust is less than \$100,000.00

**Beneficiary Information**

The beneficiary or beneficiaries who are known to have a vested interest in the Trust are as follows:

Name of Beneficiary: \_\_\_\_\_ ☐ Consent Attached

Address: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ ☐ Consent Attached

Address: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ ☐ Consent Attached

Address: \_\_\_\_\_

☐ Continued on attached page

**Contingent Beneficiary Information**

The beneficiary or beneficiaries who are known to have a contingent interest in the Trust are as follows:

Name of Beneficiary: \_\_\_\_\_ ☐ Consent Attached

Address: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ ☐ Consent Attached

Address: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ ☐ Consent Attached

Address: \_\_\_\_\_

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**CASE NO.** \_\_\_\_\_

Therefore, the Trustee requests permission from the Court to terminate the testamentary trust and make final distributions to all beneficiaries pursuant to the terms of the trust. Trustee will file a final and distributive account within 60 days of the Court's termination of the trust.

I certify that all of the information in this application and all attached documents are complete and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Trustee's Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number (including area code)

\_\_\_\_\_  
Telephone Number (including area code)

\_\_\_\_\_  
Attorney's Email Address

\_\_\_\_\_  
Trustee's Email Address

\_\_\_\_\_  
Trustee's Signature

\_\_\_\_\_  
Trustee's Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number (including area code)

\_\_\_\_\_  
Telephone Number (including area code)

\_\_\_\_\_  
Trustee's Email Address

\_\_\_\_\_  
Trustee's Email Address

## **CERTIFICATE OF SERVICE**

I certify that I served a copy of this Motion to Testamentary Trust by ordinary mail on all persons and entities entitled notice under R.C. 2109.62 except those who have waived notice, simultaneously with filing this Motion.

\_\_\_\_\_  
Attorney/Fiduciary